

DT1633 99 (Replaces EC496)

DATE OF LETTING

Use a separate line for each proposal.

[illegible]

Firm Name

Street Address

City, State, Zip Code

(Area Code) Telephone Number

(Area Code) FAX Number

Cash / Check Received

Cost of Plans

Amount Due

Date / Person

The dollar amount of ALL incomplete work under supervision of the Bureau of Highway Construction and the dollar amount of ALL other incomplete work IN or OUT of the State of Wisconsin, according to the engineer's, architect's or owner's latest estimate, now under contract is as follows:

NOTE: If you have no incomplete work, write "NONE" below.

CONTRACT WITH	LOCATION(S)	TOTAL CONTRACT DOLLAR AMOUNT	* THIS FIRM'S CONTRACT DOLLAR AMOUNT INCOMPLETE
		TOTAL INCOMPLETE:	

* Amount includes only that work for which you are responsible with your own crews and equipment.

If any of the above listed incomplete work is not under the direct supervision of the Bureau of Highway Construction, the following must be executed:

I, the undersigned authorized representative of the firm identified on this form, being duly sworn declares that the above statements of incomplete work are within my knowledge and are true, accurate, and complete.

(Date)

State of Wisconsin)
) ss.
_____ County)

Subscribed and sworn to before me on the above date.

(Signature, Authorized Representative of Firm)

(Signature, Notary Public, State of Wisconsin)

(Print or Type Name, Authorized Representative)

(Print or Type Name, Notary Public, State of Wisconsin)

(Title, Authorized Representative)

(Date Commission Expires)

Photocopies of this form are acceptable or you may obtain additional copies from the Bureau of Highway Construction.